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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M22066



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90266 023 ***150.00

•	n Name						
LAND &	SEA PETROLEUM INC.						
						 	
						1 6 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1	
Principal Plac	e of Business	Mailing Address					
		6710 NW 15 WAY					
FT LAUDERDALE FL 33309		FT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE			
US		us	us		3. Date Incorporated or Qualifed		
				10/17/1985	0		
2 Dringing P	lace of Business	2a, Mailing Address		4. FEI Number		Applied For	
-	lace of business	26		59-2595083	} → 	Not Applicable	
Suite, Apt.	#_etc	Suite, Apt. #, etc.			\$8.75	Additional	
22	, J.	27		5. Certifcate of Status Desired		Required	
City & Stat	e	City & State		6. Election Campaign Financir	nģ _ \$5.0	0 May Be	
23		28		Trust Fund Contribution	-	d to Fees	
Zip	Country	Zip	Country	8. This corporation owes the o	current year.Intangible	_	
24	25	29	30	Personal Property Tax.	. Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of Ner	w Registered Agent		
	ELONE INTO		81 Name		•		
	ELONE, JAMES		82 Street A	ddress (P.O. Box Number is Not Acce	eptable)	1	
	NW 82 DRIVE						
PAR	KLAND FL 33067		83			1	
			84 City		85 Zi	p Code	
					FL S		
-11:-Pursuant	to the provisions of Sections 607.05	02 and 607 1508; Florida Statute	s, the above-named of thorized by the corpor	corporation submits this statement for i ration's board of directors. I hereby ac	the purpose of changing scept the appointment as	registered	
-11: Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508; Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flori	s; the above-named of thorized by the corpor da Statutes.	corporation submits this statement for it ration's board of directors. I hereby ac	the purpose of changing ecept the appointment as	registered	
-11:- Pursuant office or r agent. I a SIGNATURE						registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Agent signature req	quired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature req		DATE	FORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: I	Registered Agent signature registered Agent signature registered 13.	quired when reinstating)	DATE OFFICERS AND DIRECT	FORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD ANGELONE, JAMES	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE OFFICERS AND DIRECT	FORS IN 12	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD ANGELONE, JAMES 6233 NW 82 DR	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE OFFICERS AND DIRECT	FORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD ANGELONE, JAMES 6233 NW 82 DR PARKLAND FL	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE OFFICERS AND DIRECT	FORS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD ANGELONE, JAMES 6233 NW 82 DR PARKLAND FL VT ANGELONE, VICTORIA	ent and title if applicable. (NOTE: I ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO	DATE OFFICERS AND DIREC Chang	FORS IN 12	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all other light empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 978- 3835

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